MAXIMUS Federal Services

Case Number:	CM14-0177293		
Date Assigned:	10/30/2014	Date of Injury:	04/16/2003
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an injured worker with the diagnoses of lumbosacral degenerative disc disease, status post lumbar spinal fusion, and bilateral lower extremity radiculopathy. Status post permanent implantation of lumbar spinal cord stimulator, degenerative disc disease of the cervical spine, bilateral upper extremity radiculitis, and spondylosis. Date of injury was 04-16-2003. The treating physician's progress report dated August 07, 2014 documented an interval pain management evaluation. The patient described pain over his entire body from his neck down to the tips of his fingers and tips of his toes. He sustained an injury to his spine on 04/16/03 when he picked up a roll of carpet and placed it on his right shoulder and twisted his back. Medications included Ibuprofen, Xanax, Amitiza, Colace, Magnesium Citrate, Oxycontin, and Percocet. No known drug allergies were noted. The patient doss not smokes or consumes alcohol. He denies use of illicit drugs. Past medical history was reviewed. He has been told that he's anemic possibly secondary to hemorrhoids) but otherwise he denies chronic illnesses. His surgeries included right knee surgeries in 2005 and 1010, lumbar spine fusion surgery in 2009, and removal of the retained lumbar hardware in 2011. He states that after the hardware removal he developed a postoperative wound infection. He is on temporary total disability. MRI magnetic resonance imaging scan of the lumbar spine dated 07/13/11 demonstrated discectomies with interbody fusion and anterior fixation at L4-5 and L5-S1. Physical examination was documented. The patient has grossly increased antalgic movements. He is stiff and is not able to tolerate sitting for more than a few moments, having to lie down. He has a slow cadence and is only able to ambulate for short distances. He is now having to use a power scooter for mobility and is heavily dependent on his cane. He has diffused tenderness throughout his extremities and throughout his spine. He has limited tolerance for range of motion in all joints. Diagnoses were lumbosacral degenerative disc disease, status post lumbar spinal fusion, and bilateral lower

extremity radiculopathy. Status post permanent implantation of lumbar spinal cord stimulator, degenerative disc disease of the cervical spine, bilateral upper extremity radiculitis, and spondylosis. Treatment plan included prescriptions for Prilosec, Xanax, Oxycontin, and Percocet. Utilization review determination date was 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Methadone HCL 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48; 181-183; 308-310,Chronic Pain Treatment Guidelines Opioids; Methadone Page(s): 74-96; 61-62.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Methadone is a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The request for authorization for Methadone was dated 10/2/14. The latest available progress report submitted for review was dated August 7, 2014, which does not address the prescription of Methadone. The progress report for October 2014 was not available for review. Without updated subjective complaints and objective findings, the prescription for Methadone which is a DEA Schedule II medication, is not supported. Therefore, the request for Methadone HCL 10mg #120 is not medically necessary.